

10-04-06 15:51 FROM-Swanson & Bratschun LLC

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T-691 P.001 F-919

Docket No. GENS.62/PCT-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: BUCKNER

INT'L APP. NO.: PCT/US05/011269

INT'L FILING DATE: 05 APRIL 2005

SERIAL NO.: 10/599,662

FILED: OCTOBER 4, 2006

TITLE: METHOD AND APPARATUS FOR THE
SURGICAL TREATMENT OF
CONGESTIVE HEART FAILURERECEIVED
CENTRAL FAX CENTER

OCT 04 2006

EXAMINER:

ART UNIT:

CONFIRMATION NO.: 2433

VIA FACSIMILE ONLY

571-273-8300

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AUTHORIZTION TO CHARGE DEPOSIT ACCOUNT

Sir:

Applicant electronically filed the above-referenced 371 patent application today. Applicant attempted to pay the fees online with a request to charge our firm deposit account. The fee payment did not go through and upon calling the Electronic Business Center, we were informed that the Fee Server at the Patent Office is currently offline.

Attached is a Fee Transmittal authorizing charge of the total fees to deposit account 19-5117. A copy of the Transmittal Letter to the U.S. Designated Office Concerning a Submission Under 35 USC 371 detailing the fees to be charged is also attached.

The undersigned hereby authorizes the charge of any fees created by the filing of this document or any deficiency of fees submitted herewith to deposit account No. 19-5117.

Respectfully submitted,



Thomas D. Bratschun, #32,966
 Swanson & Bratschun, L.L.C.
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Date: 10/4/06

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1000.00

Complete if Known

| | |
|----------------------|-----------------|
| Application Number | 10/599,662 |
| Filing Date | October 4, 2006 |
| First Named Inventor | BUCKNER |
| Examiner Name | |
| Art Unit | OCT 04 2006 |
| Attorney Docket No. | GENS.62/PCT-US |

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 19-5117 Deposit Account Name: Swanson & Bratschun LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|

| | | | | |
|---------|--------|--------------------------------|---|--|
| - 100 = | / 50 = | (round up to a whole number) x | = | |
|---------|--------|--------------------------------|---|--|

Fee (\$)Fee Paid (\$)Fee (\$)Fee Paid (\$)

PTO-1390 (Rev. 07-2005)

Approved for use through 3/31/2007. OMB 0651-0021

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|--|---|
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NUMBER GENS.62/PCT-US |
| INTERNATIONAL APPLICATION NO. PCT/US05/011269 | INTERNATIONAL FILING DATE 04 OCTOBER 2006 | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) |
| | | PRIORITY DATE CLAIMED 05 APRIL 2005 |
| TITLE OF INVENTION Method and Apparatus for the Surgical Treatment of Congestive Heart Failure | | |
| APPLICANT(S) FOR DO/EO/US J. Kern Buckner, John T. M. Wright | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. <input checked="" type="checkbox"/> Is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> Is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). a. <input type="checkbox"/> Is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> | | |
| Items 11 to 20 below concern document(s) or information included: | | |
| <p>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input checked="" type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the International application under 35 U.S.C. 154(d)(4).</p> | | |

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Page 1 of 3

PTO-1390 (Rev. 07-2005)

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| | | | | | |
|--|--------------|---|---------|---|---------|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5) | | INTERNATIONAL APPLICATION NO. | | ATTORNEY'S DOCKET NUMBER | |
| | | PCT/US05/011269 | | GENS.62/PCT-US | |
| <p>20. Other items or information: Abstract (1 page); Statement under 37 CFR 3.73(b)</p> | | | | | |
| <p>The following fees have been submitted</p> <p>21. <input checked="" type="checkbox"/> Basic national fee (37 CFR 1.492(a))..... \$300 If the written opinion prepared by ISA/US or the International preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4). \$0 All other situations..... \$200</p> <p>22. <input checked="" type="checkbox"/> Examination fee (37 CFR 1.492(c)) If the written opinion prepared by ISA/US or the International preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4). \$0 Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... \$100 International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB..... \$400 All other situations..... \$500</p> <p>TOTAL OF 21, 22 and 23 =</p> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing in an electronic medium) (37 CFR 1.492(j)). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> | | | | CALCULATIONS PTO USE ONLY | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | \$ | |
| - 100 = | /50 = | | x \$250 | | |
| Surcharge of \$130.00 for furnishing any of the search fee, examination fee, or the oath or declaration after the date of commencement of the national stage (37 CFR 1.492(h)). | | | | | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | |
| Total claims | 32 | - 20 = 12 | x \$ 50 | \$ 600 | |
| Independent claims | 7 | - 3 = 4 | x \$200 | \$ 800 | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | | + \$380 | \$ |
| TOTAL OF ABOVE CALCULATIONS = | | | | \$ 2000 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½. | | | | | |
| | | | | SUBTOTAL = | \$ 1000 |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)). + | | | | | |
| | | | | TOTAL NATIONAL FEE = | \$ 1000 |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + | | | | | |
| | | | | TOTAL FEES ENCLOSED = | \$ 1000 |
| | | | | Amount to be refunded: | \$ |
| | | | | Amount to be charged: | \$ |

10-04-06

15:53

FROM-Swanson & Bratschun LLC

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T-691 P.005

F-919

OCT 04 2006

PTO-1390 (Rev. 07-2006)

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- a. A check in the amount of \$ _____ to cover the above fees is enclosed.
- b. Please charge my Deposit Account No. 19-5117 in the amount of \$ 1000.00 to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 19-5117. A duplicate copy of this sheet is enclosed.
- d. Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

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SIGNATURE

Thomas D. Bratschun

NAME

32,966

REGISTRATION NUMBER

